

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580329

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9							59						
10		6					60						
11	/						61						
12		0					62						
13		8					63						
14							64						
15	/						65						
16		/					66						
17			/				67						
18			/				68						
19			/				69						
20			/				70						
21			/				71						
22			/				72						
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41			/				91						
42			/				92						
43			/				93						
44			/				94						
45			/				95						
46			/				96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.			3										
TOTAL DEP.			13										
TOTAL CLAIMS			16										